Page 36 of 42 JFS 02930 (Rev 7/02)

Schedule D-1, page 1

TITLE V COST CALCULATIONS

Name of Hospital				Provider Number					Reporting Period			
	!	1 Total Costs	2 Prof. Component	3 Adjusted Costs	4 Total Charges	5 Prof. Component	6 Adjusted Charges	7 Ratio	8 TITLE V I/P Charges	9 TITLE V I/P Costs	10 TITLE V O/P Charges	11 TITLE V O/P Costs
25.	Adult & Pediatric											
25a.	Distinct Part Psychiatric											
25b.	Distinct Part Rehabilitation		1		1							
26.	Intensive Care											
27.	Coronary Care											
28.	Burn Intensive Care Unit											
29.	Surgical Intensive Care										i	
30.	Other Special Care							1		1		
31.	Nursery Intensive Care											
33.	Nursery											
35.	Subtotal (lines 25-33)							******		1		
37.	Operating Room										1	
37a.	Ambulatory Surgery					T						
37b.	Cast Room		1					1		1		
3.0.	I transmit of observation (see 3)				1							
38.	Recovery Room							T		1		
39.	Delivery & Labor Room											-
40.	Anesthesiology											
41.	Radiology - Diagnostic							† • • • • •			 	
41a.	CAT Scan									1		
41b.	Ultrasound					·					1	1
41c.	PET Scan							T			1	i
42.	Radiology - Therapeutic									1		T
43.	Radioisotope / Nuclear Medicine									1		
44.	Laboratory											
45.	Oncology											·
46.	Whole Blood & Blood Components		1							1		
47.	Blood Processing, Storing & Transfusion											
48.	Intravenous Therapy									T	1	
49.	Respiratory Therapy											· · · · · · · · · · · · · · · · · · ·
49a.	Pulmonary Function	1	1									
50.	Physical Therapy	T										T

TN No. 03-007 APPROVAL DAIL JUL 21 2003

SUPERSEDES

TN No. 00-008 EFFECTIVE DATE 3-27-03

TITLE V COST CALCULATIONS

Name of Hospital				Provider Number				Reporting Period				
										1		
		1	2	3	4	5	6	7	8	9	10	11
		Total	Prof.	Adjusted	Total	Prof.	Adjusted		TITLE V I/P	TITLE V I/P	TITLE V O/P	TITLE V O/P
		Costs	Component	Costs	Charges	Component	Charges	Ratio	Charges	Costs	Charges	Costs
50a.	Cardiac Rehabilitation			L						<u></u>		
51.	Occupational Therapy							<u> </u>			L	
52.	Speech & Hearing Services								L			
52a.	Audiology											
53.	Electrocardiology			·								
53a.	Cardiac Catheterization											
54.	Electroencephalography			l						1		
55 .	Medical Supplies		Ι									1
56.	Pharmacy		T									
57.	Renal Dialysis											
58.	Organ Acquisition											
59.	Psychiatric/Psychological Services										1	
60.	Clinic											
61.	Emergency			1	T	1						
tea.	(Crisofyalichiones			ì				i				
69.	Gastrointestinal Services											
70.											L	
71.								I				}
72.			1									
73.												
74.												
98.	Subtotal (lines 37-97)							TOP &				
101.	Total							地方地				

N No. 03-007	APPROVAL JAIL	JUL	21	2003
SUPERSEDES				
800 - m - all ri	ECCCOUNT PAGE	3-2	27-	03

Schedule E

MISCELLANEOUS COST & PAYMENT INFORMATION

Nam	e of Hospital		Provider Number		Reporting Period			
			·		· · · · · · · · · · · · · · · · · · ·		1	
	ical Education Costs	T	1					
1	Non-Physician Anesthetists	ļ	1					
2.	Nursing School Costs		1					
3	Interns & Residents Costs		1					
4.	Paramedic Education Costs		4					
5.	Total Med Ed Costs		J					
Title	XIX O/P Lab Payments							
6.	Title XIX O/P Lab Payments	<u> </u>	1					
			•					
Net	Patient Revenues							
7.	Net Patient Revenues]					
						Schedule F		
	CTION I	HOSPITAL CAR	E ASSURANCE	p	,	·		
UN	COMPENSATED CARE	1	2	3	4	5		
		Charges for	Charges for	Medicaid	Costs for	Costs for		
		Patients With	Patients With	I/P & O/P	Patients With	Patients With	1	
INP/	ATIENT CHARGES & COSTS	Insurance	No Insurance	Cost/Charge Ratio	Insurance	No Insurance		
8	Disability Assistance							
9.	Uncompensated < 100%	ļ		L				
10.	Uncompensated > 100%							
11.	Total Inpatient	L	<u> </u>	L	L	<u> </u>	J	
OUT	PATIENT CHARGES & COSTS						•	
12.	Disability Assistance							
13.	Uncompensated < 100%	<u> </u>		L				
14.	Uncompensated > 100%					<u></u>		
15.	Total Outpatient	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
INP/	ATIENT DISCHARGES			•				
16.	Disability Assistance							
17.	Uncompensated < 100%							
18.	Uncompensated > 100%		<u> </u>]				
19	Total Inpatient Discharges							
OUT	PATIENT VISITS			_				
20.	Disability Assistance	<u></u>	<u> </u>]				
21.	Uncompensated < 100%	ļ	L	<u> </u>				
22.	Uncompensated > 100%	<u> </u>	,					
23.	Total Outpatient Visits	<u> </u>	<u> </u>]				
~=.		FREE OTANBIN	0 D0V0ULATRIO	HOODITAL INFO	D1447101			
SEC	CTION II		G PSYCHIATRIC		T		•	
	1	2	3	4	5	6		
	Payments From Insurance	Payments From Self-Pay	Charges For Charity Care	Gov't Cash Subsidies Received	Uncomp. Costs	Medicaid Days		
24.	Insulance	Sell-ray	Charity Care	Subsidies Received	Patients With Ins.	age 22 to 64		
24.		<u> </u>	L		<u> </u>	<u>L </u>	ł .	
SEC	CTION III	PAYMENT ALLO	OCATION					
25.	Medicaid I/P Cost	The state of the s]					
26.	Medicaid O/P Cost		1					
27.	Total Medicaid Cost		1					
28.	I/P Percentage		1					
29.	O/P Percentage	 	1					
30.	Total Facility Cost		i					
31.	Medicald %	 	1					
32.	H.C.A.P. Assessment	 	1					
33.	Medicaid Portion of Assessment	<u> </u>	1					
33. 34.	H.C.A.P. Receipts	 	1					
35.		 	1					
35. 36.	Net H.C.A.P. Receipts	 	1					
37.	I/P H.C.A.P. Receipts		1					
	O/P H.C.A.P. Receipts	 	1				. ,	00~
38. 39.	O/P Lab Charges	 	i		IN No 03-0	∞ 7 and	OVAL DATE JUL. 21	200
40.	O/P Lab Payments Charges over Payments	 	1		111 110.	AFPR	UVAL DATE	
41.	Revised O/P Receipts	 	1		SUPERSEDES			
71.	Trovised On Troverpre	<u> </u>)			x.0		_
					IN No. W	<u>ಲಠ</u> EFFEC	TIVE DATE 3-27-C	3

Appendix A

Page 39 of 42 JFS 02930 (Rev 7/02)

Schedule G, page 1

TITLE XIX CAPITAL RELATED COST REIMBURSEMENT

Name o	f Hospital	Provider Number		Reporting Period				
		1 Total Charges All Patients	2 Old Capital Related Costs	3 New Capital Related Costs	4 Total Capital Costs	5 Ratio	6 Total XIX IP Charges	7 XIX Capital Costs
25.	Adult & Pediatric	Stranges in , allotte	710,0100	1,0,0,0,0				
25a.	Distinct Part Psychiatric					T		
25b.	Distinct Part Rehabilitation							
26.	Intensive Care							
27.	Coronary Care						1	
28.	Burn Intensive Care Unit					1		
29.	Surgical Intensive Care							
30.	Other Special Care		·					
31.	Nursery Intensive Care				1			
33.	Nursery				1			
34.	SNF/ICF							
35.	Subtotal (lines 25-33)							
37	Operating Room							
37a.	Ambulatory Surgery							
37b.	Cast Room							
37c.	Treatment or Observation Room							
38.	Recovery Room							
39.	Delivery & Labor Room						<u> </u>	
40.	Anesthesiology							
41.	Radiology - Diagnostic							
41a.	CAT Scan							
41b.	Ultrasound							
41c.	PET Scan							
42.	Radiology - Therapeutic					;		
43.	Radioisotope/Nuclear Medicine							
44.	Laboratory				1			
45.	Oncology							
46.	Whole Blood & Blood Components							
47.	Blood Processing, Storing & Transfusion							
48.	Intravenous Therapy							
49.	Respiratory Therapy							
49a.	Pulmonary Function							l
50.	Physical Therapy							

TN No. 03-057 APPROVAL DATE JUL 2 1 2003 SUPERSEDES

TN No. 00-008

EFFECTIVE DATE 3-27-03

TITLE XIX CAPITAL RELATED COST REIMBURSEMENT

Name of Hospital	Provider Number		Reporting Period				
	1	2	3	T 4	5	T 6	7
	Total	Old Capital	New Capital	Total		Total	
	Charges All Patients	Related Costs	Related Costs	Capital Costs	Ratio	XIX IP Charges	XIX Capital Costs
50a. Cardiac Rehabilitation							
51. Occupational Therapy							
52. Speech & Hearing Services							
52a. Audiology							
53. Electrocardiology							
53a. Cardiac Catheterization							
54. Electroencephalography				T			
55. Medical Supplies							
56. Pharmacy							
57. Renal Dialysis							
58. Organ Acquisition							
 Psychiatric/Psychological Services 							
60. Clinic							
61. Emergency			L				
62. Observation Beds							
69. Gastrointestinal Services							
70.							
71.							
72.							
73.				L			
74.							
98. Subtotal (lines 37-97)							
101. Total							
102. Capital Payments for Period				BEEF CHEEK			()
103. Amount Due Program/(Provider)	and the second s	and the state of t	A complete model to the first property of	n al Lance Communication (Carponic Communication)	An desident of the san	a transmission in grant part of the control of the	

TN No. 03-007 APPROVAL DATE 401. 21 2003 SUPERSEDES

TN No. 00-008 EFFECTIVE DATE 3-27-03

Schedule H

SETTLEMENT SUMMARY

Nam	e of Hospital	Provider Number		Reporting Period	Reporting Period		
		1	2	3			
		Title	Title	Title XIX			
Secti	ion I Inpatient Services	XIX	V	Transplant			
1.	Inpatient Program Costs	710	•	Transplain.			
2.	Amount Received from Program						
3.	Amount Receivable from Program						
4.	Amount Received/Receivable from Other Payors	1					
5.	Other Medicaid Payments						
6.	I/P H.C.A.P. Payment			The state of the s			
7.	Capital Payments from Schedule G						
8.	Total I/P Payments						
9.	Total Program Charges						
10.	Costs over Payments						
11.	Costs over Charges						
12.	Amount Due Program/(Provider)						
Secti	on II Outpatient Services	1 Title XIX	2 Title V				
13.	Outpatient Program Costs						
14.	Amount Received from Program						
15.	Amount Receivable from Program			_			
16.	Amt Rcvd/Rcvble from Other Payors	ļ					
17.	Miscellaneous Adjustments						
18.	O/P H.C.A.P. Payment						
19.	Total O/P Payments	 		_			
20.	Total Program Charges	ļ					
21.	Costs over Payments	<u> </u>		_			
22.	Costs over Charges			_			
23.	Amount Due Program/(Provider)	<u> </u>					
		1	2	3			
	=	Title	Title	Title XIX			
	on III - Program(s) Summary I	XIX	V	Transplant			
24.	Inpatient Settlement (Section I, line 16)						
25.	Outpatient Settlement (Section III, line 23)						
26.	Capital Cost Due Program/(Provider)	-					
27.	Total Amount Due Program/(Provider)	1					

(X (AA)	ADDDOVAL DATE	(())	• :	2003
TN No. 03-607	APPROVAL DATE.			-
SUPERSEDES		2-2	7-	23
TN No. 00-008	EFFECTIVE DATE	00	<u> </u>	

TITLE XIX H.M.O. COST CALCULATIONS

Name of Hospital		Provider Number		Reporting Period		
	1	2	3	4	5	
		Inpatient	Inpatient	Outpatient	Outpatient	

		1	2	3	4	5
			Inpatient	Inpatient	Outpatient	Outpatient
		Ratio	Charges	Costs	Charges	Costs
25.	Adult & Pediatric					
25a.	Distinct Part Psychiatric					
25b.	Distinct Part Rehabilitation					
26.	Intensive Care	-				
27.	Coronary Care					
28.	Burn Intensive Care Unit					
29.	Surgical Intensive Care					
30.	Other Special Care		· · · · · · · · · · · · · · · · · · ·			
31.	Nursery Intensive Care					
33.	Nursery					<u> </u>
35.	Subtotal (lines 25-33)			<u> </u>		
37.	Operating Room		·	 		
		<u> </u>				
	Ambulatory Surgery		·			
37b.	Cast Room	 		 		
37c.	Treatment or Observation Room			 		
38.	Recovery Room	 				
39.	Delivery & Labor Room					
40.	Anesthesiology	<u> </u>		 		
41.	Radiology - Diagnostic					
41a.	CAT Scan		L			
41b.	Ultrasound					
41c.	PET Scan					
42.	Radiology - Therapeutic					
43.	Radioisotope / Nuclear Medicine					
44.	Laboratory					
45.	Oncology					
46.	Whole Blood & Blood Components					
47.	Blood Process, Storing & Transfusion	1		<u> </u>		
48.	Intravenous Therapy	<u> </u>				
49.	Respiratory Therapy					
49a.	Pulmonary Function					
50.	Physical Therapy			 		
	Cardiac Rehabilitation					
50a.				<u> </u>		
51.	Occupational Therapy	 		 		
52.	Speech & Hearing Services	 				
	Audiology	 				
53.	Electrocardiology				ļ	
53a.	Cardiac Catheterization	 	<u> </u>	 		
54.	Electroencephalography					ļ
55.	Medical Supplies					<u> </u>
56.	Pharmacy					
57.	Renal Dialysis					
58.	Organ Acquisition					
59.	Psychiatric/Psychological Services					
60.	Clinic					
61.	Emergency	1				
62.	Observation Beds	1		 		
69.	Gastrointestinal Services	 	 -	 		
70.	Gastrollitestifial Services	 				
		 		 		
71.				 		
72.				ļ <u>.</u>		
98.	Subtotal (lines 37-97)			 	_	
101.	Total			<u> </u>	<u> </u>	

		I/P	O/P
103.	XIX HMO Days / Visits		

IN No. <u>03-007</u>

SUPERSEDES
TN No. 00.008

EFFECTIVE DATE 3-27-03